

STATE OF ALABAMA
OFFICE OF STATE TREASURER
SAFE Division

AUTHORIZED REPRESENTATIVE(S) AND SIGNATURE CERTIFICATION

The undersigned senior officer of _____
(Name of Depository)

hereby certifies that the person(s) named below are duly empowered and authorized to represent and act on behalf of this Depository in any and all matters in the SAFE Program, including the completion of required SAFE reports, the issuance of instructions, and the authority to enter into agreements with the State Treasurer concerning all security transactions on behalf of this Depository. Once filed, the Treasurer shall accept **any one** of the following signatures for these purposes until countermanded in writing or superseded by a new certification.

Please check each of the following that applies to this form:

- _____ New certification form that supersedes prior certification in full.
_____ Additional signers, noted below, added to the current certification form.
_____ Delete the following signers, and add additional signers as noted below:
Name _____ Name _____

Authorized Signers:

_____ Signature	_____ Signature
_____ Name and Title	_____ Name and Title
_____ E-mail	_____ E-mail
_____ Phone	_____ Phone
_____ *SAFE system user	_____ *SAFE system user
_____ Signature	_____ Signature
_____ Name and Title	_____ Name and Title
_____ E-mail	_____ E-mail
_____ Phone	_____ Phone
_____ *SAFE system user	_____ *SAFE system user

Authorized by bank executive:

Signature _____

Title _____

Date _____

*Be sure to check the appropriate box if the representative may access the SAFE system to submit the SAFE monthly report and other functions. There should be at least two representatives with access to the SAFE system. System users will receive an email with initial login id/password.

